| PATENT APPLICATION FEE DETERMINATION RE Effective December 8, 2004 |  |  |  |                                   |                            |                                       |          | CORD /0/5/9563      |                        |     |                     |                        |
|--|--|--|--|-----------------------------------|----------------------------|---------------------------------------|----------|---------------------|------------------------|-----|---------------------|------------------------|
|  |  | CLAIMS A   | AS FILED -                                 |                                   |                            | (Column 2)                            |          | SMALL ENT           | TITY                   | OR  | OTHER<br>SMALL I    |                        |
| u.s  | S. NATIONAL                                | STAGE FEES   | [ ]  |                                   |                            |                                       | 7        | RATE                | FEE                    |     | RATE                | FEE                    |
| BAS  | SIC FEE                                    |  | SMALL ENT.                                 | . = \$ 150                        | LAR                        | GE ENT. = \$ 300                      | 1        | BASIC FEE           |                        | OR  | BASIC FEE           | 300                    |
| EXA  | AMINATION FE                               | ĒΕ   | Satisfies PCT Ar<br>(4) = \$50             |                                   |                            | other situations =<br>\$ 100 / \$ 200 | 1        | EXAM. FEE           |                        |     | EXAM. FEE           | 200                    |
| SEA  | ARCH FEE                                   |  | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | untries =                         | All of                     | other situations =<br>\$ 250 / \$ 500 |          | SEARCH FEE          |                        | !   | SEARCH FEE          | 400                    |
| FEE  | E FOR EXTRA S                              | SPEC. PGS.   | minı                                       | us 100 =                          |                            | / 50 =                                | 1        | X \$ 125 =          |                        | 1 ' | X \$ 250 =          |                        |
| тот  | TAL CHARGEAE                               | BLE CLAIMS   | )) mir                                     | inus 20 =                         | *                          |                                       | 1        | X \$ 25 =           |                        | OR  | X \$ 50 =           | <u> </u>               |
| INDE   | EPENDENT CL                                | AIMS   | 1 m  | ninus 3 =                         | *                          |                                       | 1        | X \$ 100 =          |                        | OR  | X \$ 200 =          |                        |
|  |  | NDENT CLAIM PRE  |  | N                                 |                            |                                       | 1        | + \$ 180 =          | <u> </u>               | OR  | + \$ 360 =          |                        |
| * If   | the difference                             | e in column 1 is le  | ess than zero                              | , enter "C                        | O" in cc                   | olumn 2                               | <b>.</b> | TOTAL               |                        | OR  | TOTAL               | 900                    |
|  | ,  | (Column 1)  CLAIMS REMAINING   |  |                                   | ımn 2)<br>HEST<br>MBER     | (Column 3)                            | 7        | SMALL E             | ADDI-                  | OR  | OTHER SMALL E       | ADDI-                  |
| ENT A  |  | AFTER<br>AMENDMENT   |  | PREVIO<br>PAID I                  | OUSLY                      | EXTRA                                 | ]        | RATE                | TIONAL<br>FEE          | 1 1 | RATE                | TIONAL<br>FEE          |
| AMENDMENT  | Total.                                     | +  | Minus                                      | **                                |                            | =                                     |          | X \$ 25 =           | لــــا                 | OR  | X \$ 50 =           |                        |
| AME  | Independent                                | <u></u>  | Minus                                      | ***                               |                            | =                                     |          | X \$ 100 =          |                        | OR  | X \$ 200 =          | Γ <u> </u>             |
|  | FIRST PRES                                 | SENTATION OF MU  | ULTIPLE DEPE                               | ENDENT (                          | CLAIM                      |                                       |          | + \$ 180 =          |                        | OR  | + \$ 360 =          |                        |
|  |  |  |  | •                                 | _                          |                                       | •        | TOTAL ADDIT.<br>FEE |                        | OR  | TOTAL ADDIT.<br>FEE |                        |
| _  |  | (Column 1)   |  | (Colum                            | mn 2)                      | (Column 3)                            |          |                     |                        |     |                     |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | IEST<br>BER<br>OUSLY       | PRESENT<br>EXTRA                      |          | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total                                      | * 1  | Minus                                      | **                                |                            | =                                     |          | X \$ 25 =           |                        | OR  | X \$ 50 =           |                        |
| AME  | Independent                                | * 1  | Minus                                      | ***                               |                            | =                                     |          | X \$ 100 =          |                        | OR  | X \$ 200 =          |                        |
|  | FIRST PRESI                                | SENTATION OF MU  | JLTIPLE DEPE                               | NDENT C                           | CLAIM                      |                                       | 11       | + \$ 180 =          |                        | OR  | + \$ 360 =          |                        |
|  |  |  |  |                                   |                            |                                       | ۱ - ـ    | TOTAL ADDIT.<br>FEE |                        | OR  | TOTAL ADDIT.<br>FEE |                        |
| *** 11   | If the "Highest Nur<br>If the "Highest Nur | umn 1 is less than the e<br>umber Previously Paid i<br>umber Previously Paid I<br>mber Previously Paid F | I For" IN THIS SPA<br>I For" IN THIS SPA   | ACE is less<br>ACE is less        | s than '20'<br>s than '3', | 0', enter "20".<br>, enter "3".       | ∫ in th∈ | e appropriate box   | in column 1.           |     |                     |                        |